New Jersey Public Employment Relations Commission

NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line i	ŧ									
	SECTION I: Parties and Term of Contracts									
1	Public Employer: Cer	Public Employer: Central Regional Board of Ed		County: Ocean						
2	Employee Organization: Central Regional Bus Drivers Association			Number of Employees in Unit: 28						
3	Base Year Contract Term: 7/1/2019-6/30/20			New Contract Term: 7/1/2020-6/30/2025						
	SECTION II: Type of Contract Settlement (please check only one)									
4	Contract settled without neutral assistance									
5	Contract settled with assistance of mediator									
6	Contract settled with assistance of fact-finder									
7	Contract settled with assistance of super-conciliator									
8	If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?									
	Yes No No									
	SECTION III: Salary Base									
	The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.									
9	Salary Costs in Base Year \$		\$ 784,473	\$ 784,473						
10	Longevity Costs in Base Year		\$ 5,000							
11_	Total Salary Base		\$ 789,473							
	SECTION IV: Salary	Increases for Each	Year of New Agre	eement*						
		Year 1	Year 2	Year 3	Year 4	Year 5				
12	Effective Date (month/day/year)	07/01/2020	07/01/2021	07/01/2022	07/01/2023	07/01/2024				
13	Cost of Salary Increments (\$)	23,198	24,487	16,109	8,717	6,707				
14	Salary Increase Above Increments (\$)	5,858	5,627	15,124	23,686	26,864				
15	Longevity Increase (\$)	0	0	0	0	0				
16	Total \$ Increase (sum of lines 13-15)	29,056	30,114	31,233	32,403	33,571				
17	New Salary Base (\$)	813,529	843,643	874,876	907,279	940,850				
18	Percentage increase over prior year	3.7 %	3.7 %	3.7%	3.7 %	3.7 %				
	*If contract duration i	's langer than five ve	ars, alease add an a	dditional page.						

		Base Year	Year 1
21	Health Plan Cost	\$ 424,783	\$424,783
22	Prescription Plan Cost	\$ 133,625	\$ 133,625
23	Dental Plan Cost	ş 22,322	\$ 22,322
24	Vision Plan Cost	ş 1,841	ş <mark>1,841</mark>
25	Total Cost of Insurance	\$ 582,571	\$ 582,571
26	Employee Insurance Contributions	\$ 30,779	\$ 26,779
27	Employee Contributions as % of Total Insurance Cost	5.28	% 4.60 %
			

Page 2 of 3 (complete all pages)

Employe	r: Central Reg	ional Board of Ed	Employee Organization:	Central Regional Bus Drivers Association	Page 3			
Section '	VI: Medical Co	osts (continued)						
28	Identify any in	surance changes that wer	re included in this CNA.					
29 T		Eertification and Signatured certifies that the fore Kevin O'Shea BA/BS 12/8/2020						
	Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us							
C	NJ Public Emplo Conciliation and PO Box 429	pyment Relations Comm d Arbitration	ission					

Revised 8/2016

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